

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7044

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>2002</b>		Registrar's No. <b>580</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>University City</b>		c. LENGTH OF STAY (In this place) <b>UNKNOWN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>University City</b>		b. COUNTY <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7210 Cornell</b>				b. STREET ADDRESS (If rural, give location) <b>7210 Cornell</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) <b>MAURICE H. MEDNIK</b>		a. (First)		b. (Middle)		c. (Last)	
<b>5. SEX</b> <b>MALE</b>		<b>6. COLOR OR RACE</b> <b>WHITE</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>married</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 24 1950</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Executives duties</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Soap</b>		<b>8. DATE OF BIRTH</b> <b>April 15, 1895</b>		<b>9. AGE</b> (In years last birthday) <b>54</b> # UNDER 1 YEAR Months Days # UNDER 1 HRS. Hours Min.	
<b>11a. BIRTHPLACE</b> (State or foreign country) <b>Russia</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>David Mednik</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Bessie Gordon</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Della Mednik</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <b>492-05-0776</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Della Mednik</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Coronary Thrombosis</b>  <b>ANTECEDENT CAUSES</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  <b>DUE TO (b)</b>  <b>DUE TO (c)</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>6 hrs.</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <b>St. Louis</b>		<b>(COUNTY)</b> <b>(STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>Feb 24 1950</b>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <b>March 1948</b> , to <b>Feb 24</b> , 1950, that I last saw the deceased alive on <b>Feb 24</b> , 1950, and that death occurred at <b>3:15 p.m.</b> , from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> <b>James M. Kottner M.D.</b>		<b>(Degree or title)</b>		<b>23b. ADDRESS</b> <b>508 N. Grand</b>		<b>23c. DATE SIGNED</b> <b>2/24/50</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>Feb 26, 1950</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Sinai</b>		<b>24d. LOCATION (City, town, or county)</b> <b>St. Louis County Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>FEB 27 1950</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Robert C. ...</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>4356 Lindell Blvd</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 10 1950

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Elmer R. Padwell*

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.